

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4						
5	14					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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13	1					
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15	1					
16	1					
17	1					
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25	1					
26	1					
27	2					
28	1					
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

15

43

67



	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.

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